COMPLAINT REPORT

This form is intended to document complaints received in the licensing office. Unless the complaint is considered harassment, a licensing visit must be conducted within 10 calendar days after receipt of the complaint.

PEROPT	URGENT	PRIORITY NO.	RIS	REFEI	RRAL	
REPORTED	DISTRICT OFFICE		ONTROL NUMB			
☐ IN PERSON ☐ BY LETTER ☐ BY TELEPHONE COMPLAINANT NAME						
ADDRESS	TVDE OF FACILITY	FACILITY INFORMATION				
ADDRESS STREET	TYPE OF FACILITY	FACILITY FILE NUM	3EH			
CITY ZIP CODE	FACILITY NAME					
TELEPHONE NUMBER (DAY) AREA CODE () AREA CODE ()	ADDRESS	STREET				
RELATIONSHIP/INVOLVEMENT WITH FACILITY	CITY		ZIP CO	DDE		
WAS ABUSE REPORT REQUIRED AND FILED? YES NO DOES COMPLAINANT WISH TO REMAIN ANONYMOUS? YES NO	TELEPHONE NUMBER AREA CODE ()					
NATURE OF COMPLAINT (Separate complaint into specific alle		the following complaint codes	3.)			
 Physical Abuse/Corporal Punishment Sexual Abuse Crimes Personal Rights Physical Plant 	License Neglect/Lack of Supervision Food Service False Statements	13. Medication 14. Financial Abuse 15. Level of Care 16. Qualifications	17. Fina	ancial Issu estionable er		
COMPLAINT	EGATIONS			OLUTION	I	
CODE	EGATIONS		S	I	U	
RECEIVED BY		DATE	TIME			
HECEINED BA		DAIE	TIME			

DETAILS OF ALLEGATION(S)/DESCRIPTION OF I	NCIDENT(S)		
PRE-INVESTIGATION CONTACT WITH CO	MPLAINANT	POST-INVESTIGATION CONTACT WITH DATE CONTACTED	COMPLAINANT
DATE CONTACTED		DATE CONTACTED	
PERSON CONTACTED		PERSON CONTACTED	
HOW CONTACTED		HOW CONTACTED	
☐ TELEPHONE ☐ LETTER ☐ IN COMMENTS	PERSON	TELEPHONE LETTER COMMENTS	IN PERSON
OOMINE IT TO		SOMME TO	
SUN	IMARY OF OTHER O	CONTACTS/REPORTS	
FOLLOW-UP/COMMENTS:			
<u> </u>			
LICENSING EVALUATOR'S SIGNATURE	DATE	LICENSING SUPERVISOR'S SIGNATURE	DATE
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